

AREA NETWORK ACCESS REQUEST

DIRECTORATE OF INFORMATION MANAGEMENT

I. Personal Information – Fill-in Completely

Last Name, First MI		Last 4 Digits of SSN (TSACS REQUESTS ONLY)		Component (CHECK ONE ONLY)					
				Military <input type="checkbox"/>	KATUSA/ ROK Military <input type="checkbox"/>	DoD Civilian <input type="checkbox"/>	KGS Employee <input type="checkbox"/>	Contractor <input type="checkbox"/>	FLO <input type="checkbox"/>
Rank (MILITARY)	Grade (CIVILIAN)	DEROS	Phone #	AKO Email Address @us.army.mil					
Organization :				Unit Mailing Address APO AP					
Office Symbol :									
Building/Room :									
Installation :									

II. Network Access Requests – Check all that Apply

<input type="checkbox"/> New Domain Network ID	<input type="checkbox"/> Delete Domain Network ID	<input type="checkbox"/> Change Any Data in Section I (EXPLAIN IN SECTION III)
<input type="checkbox"/> New Exchange Email Account	<input type="checkbox"/> Delete Exchange Email Account	
<input type="checkbox"/> New TSACS ID (Remote Access)	<input type="checkbox"/> Delete TSACS ID (Remote Access)	<input type="checkbox"/> Request OWA Access
<input type="checkbox"/> New LSR Account	<input type="checkbox"/> Delete LSR Account	<input type="checkbox"/> Other (EXPLAIN IN SECTION III)
LSR Account Type (CHECK ONE)		
<input type="checkbox"/> TCO <input type="checkbox"/> DOIM <input type="checkbox"/> ACOM <input type="checkbox"/> BDE S3 <input type="checkbox"/> G6 <input type="checkbox"/> J6		

III. Comments / Justification

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IV. Certification

- I certify that the above data is true and correct. Also, I acknowledge and agree that:
- U.S. Government resources will only be used for the performance of official duties
 - Protect hardware, software and data from illegal or improper use or abuse
 - Proprietary and copyrighted material will be appropriately protected
 - Security incidents will be reported to the organization IMO immediately
 - Users will only use their assigned login ID and will protect passwords as "For Official Use Only"
 - Users will access only authorized resources and will abide by all applicable DoD, Army, USFK and local security regulations
 - Clear Area DOIM during out-processing prior to DEROS date

V. Approving Officials

Organization Information Management Officer (IMO) (Print or Type)	IMO Signature	Date
Approving Authority (O-5 or above for TSACS/OWA) (O-3 or above for LSR) (Print or Type)	Approving Authority Signature	Date
Area Deputy DOIM (Print or Type)	Area Deputy DOIM Signature	Date
Applicant Signature (I have received a computer/network orientation from my IMO, and will comply with all applicable policy)		Date

FOR INTERNAL USE ONLY

Received:	Processed:	Completed:
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